

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

Sixteenth Congress

First Regular Session

HOUSE BILL NO. 2339



Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D.

EXPLANATORY NOTE

Article XIII, Section 11 of the 1987 Constitution states that the "State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost."

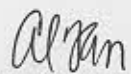
Consistent with the aforecited Constitutional imperative, this measure seeks to strengthen the rural health units (RHUs) in the country by providing for their expansion and upgrading as primary health services remain elusive or inaccessible to the majority of our population, especially those living in the rural and poor areas of the country.

The Department of Health (DOH) Department Order No. 2011-0188 regarding the "Kalusugang Pangkalahatan Executive Plan and Implementation Arrangements" recognizes the lack of RHUs' necessary provisions to meet the needs of poor families who are the primary users of government facilities. Due to the inadequacy of health budgets, the poor are being denied of even the basic healthcare for simple primary cases due to deteriorating quality, lack of human resources, medical equipment and medicines.

RHUs act as providers of public health services at the municipal level. According to the DOH, from 1996 to 2005, the number of RHUs was declining. Hence, the number of government primary facilities cannot cope with the increasing population of Filipinos. As of 2011, there are a total of 2,314 RHUs in the country, 51% of which are being upgraded to ensure that the poorest 5.2 million families under the National Household Targeting System for Poverty Reduction will have access to better quality inpatient and outpatient care.

This proposal seeks to ensure that the delivery of primary health services in the country will be provided to the marginalized through the provision of accessible, adequately staffed and equipped RHUs in all municipalities nationwide.

In view of the foregoing, early passage of this bill is earnestly sought.


ANGELINA "HELEN" D.L. TAN, M.D.

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AN ACT
STRENGTHENING THE RURAL HEALTH UNITS TO ENSURE THE
EFFECTIVE DELIVERY OF PRIMARY HEALTH SERVICES IN THE
FARFLUNG AREAS OF THE COUNTRY

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* - This Act shall be known as the "Rural Health Units Strengthening Act of 2013".

SEC. 2. *Declaration of Policy.* - It is hereby declared the policy of the State to protect and promote the right to health of the people through improved delivery and availability of primary health services across the nation, particularly in the rural and poorest areas of the country. Towards this end, the State ensures health care delivery by providing accessible, adequately staffed and equipped health care units at the local level.

SEC. 3. *Establishment and Maintenance of Rural Health Units.* All municipalities shall establish and maintain at least one (1) Rural Health Unit (RHU) which shall be under the supervision of the Municipal Health Officer. For municipalities with populations of more than twenty thousand (20,000), there shall be one (1) RHU and for each succeeding twenty thousand (20,000) population.

SEC. 4. *Rural Health Unit Health Personnel.*

4.1. The RHU shall have at least the following health personnel:

- a. a duly licensed physician as Head of Unit;
- b. a registered nurse for every 5,000 population but no less than two (2) in each RHU, one of whom shall be a roving nurse;
- c. a midwife; and
- d. a medical technologist

For the 4th to 6th class municipalities with population of less than 5,000, the Head of the RHU may be a nurse practitioner instead of a physician provided that:

- a. The Municipality shall ensure coordination with a physician who will be required to conduct periodic visits to the RHU and should be readily available and accessible for consultation, either personally or by remote communication. In this regard, the municipality shall (1) establish Inter-LGU coordination with contiguous or adjacent municipalities, as well as coordinate with the Provincial Health Office and with the Department of Health (DOH) to ensure the RHU's access to a physician at all times, and (2) shall provide the RHU with the facilities for remote communication and ready means of transport;

b. The Nurse Practitioner shall be a registered nurse with at least five (5) years practice. A nurse-led RHU may qualify for accreditation as a health care provider under the Medicare Para sa Masa Program of the Philhealth Insurance Corporation (Philhealth) subject to such terms and conditions as may be provided by the Philhealth.

4.2. The municipality shall add health personnel to the RHU's plantilla to avoid understaffing or overloading based on the patient-health worker ratios determined by the DOH, and as said municipality may deem necessary to ensure the delivery of complete health services.

"Health personnel" for purposes of this Act shall mean medical and allied health professionals such as doctors of medicine, nurses, midwives, dentists, medical technologists, pharmacists, physical and occupational therapists and nutritionist-dietitians.

4.3. The municipality shall ensure that the compensation and benefits under the Magna Carta for Public Health Workers or Republic Act No. 7305 will be provided to the health personnel of RHUs regardless of their status.

4.4. Qualified health personnel who reside in the municipality shall be given priority in recruitment to the RHU.

SEC. 5. *Rural Health Unit Facilities and Equipment.* - The RHU should have facilities and equipment as may be required by the Philhealth to qualify for accreditation as a health care provider under Philhealth's Medicare Para Sa Masa Program. Furthermore, the RHU must have equipment to be able to record health care services and data through an electronic medical records system.

SEC. 6. The Department of Health may provide the health personnel requirements in the RHUs in the following instances:

- a. For newly constituted RHUs in depressed, unserved or underserved, hard to reach and critical 5th and 6th class municipalities;
- b. In case of depressed, unserved or underserved, hard to reach and critical 5th to 6th class municipalities which are unable to fill their RHUs health personnel positions;
- c. In case of municipalities whose RHU health personnel is on study leave;
- d. In case of municipalities who require allied health personnel in their RHUs on a temporary basis;
- e. Other instances as the DOH may provide.

Health personnel deployed by DOH shall be entitled to the same compensation and benefits provided to health workers under the Magna Carta for Public Health Workers.

Health personnel who require training for further competency or work experience may apply to the DOH as a health-trainee. The DOH, in coordination with the Department of Labor and Employment (DOLE), the Department of Interior and Local Government (DILG), and the Commission on Higher Education (CHED), shall deploy health-trainees to the RHUs.

Health-trainees are not entitled to salaries and benefits under the Magna Carta for Public Health Workers. However, they shall be entitled to a stipend and such other benefits as the DOH may so determine. The concerned LGU shall provide the health-trainees free accommodations, daily meal allowance, allowance for travelling expenses, hazard pay, overtime pay, and additional stipend in an amount to be set by the DILG in coordination with the League of Municipalities.

SEC. 7. *Funding for Maintenance and Establishment of Rural Health Units.* - For the first three (3) years upon effectivity of this Act, such sum as may be necessary shall be used for the maintenance or upgrading and establishment of RHUs in the 4th to 6th class municipalities. These annual amounts shall be sourced from the net earnings of the Value Added Tax.

The budget for personnel, maintenance and operating expenses of the RHU's, as proposed by their Local Health Board in consultation with the DOH, shall be automatically appropriated from the municipality's Internal Revenue Allotment.

SEC. 8. *Transitory Provision.* - All municipalities are given two (2) years from the effectivity of this Act within which to establish or upgrade their RHUs and have these accredited with Philhealth.

SEC. 9. *Implementing Rules and Regulations.* - Within ninety (90) days from the date of effectivity of this Act, the DOH and the DILG shall, in coordination with the League of Municipalities, promulgate rules and regulations for the implementation of this Act.

SEC. 10. *Separability Clause.* - If, for any reason, any part or provision of this Act is held by competent court to be unconstitutional or invalid, other parts hereof which are not affected thereby shall continue to be in full force and effect.

SEC. 11. *Repealing Clause.* - All laws, decrees, executive orders, rules and regulations, or parts thereof which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

SEC. 12. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in two (2) newspapers of general circulation.

Approved,